



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3934

SERIAL NUMBER 10/077,956	FILING DATE 02/20/2002 RULE	CLASS 606	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. P468 CON3
------------------------------------	-------------------------------------------------	---------------------	-------------------------------	-----------------------------------------

APPLICANTS
Howard J. Leonhardt, Sunrise, FL;
Syde A. Taheri, Williamsville, NY;
Trevor Greenan, Sunrise, FL;

**** CONTINUING DATA *******
THIS APPLICATION IS A CON OF 09/949,813 09/12/2001
WHICH IS A DIV OF 09/405,562 09/24/1999 PAT 6,287,315
WHICH IS A CIP OF 09/017,474 02/02/1998 ABN
WHICH IS A CON OF 08/710,460 09/18/1996 PAT 5,713,917
WHICH IS A CIP OF 08/549,880 10/30/1995 PAT 5,591,195
AND SAID 09/949,813 09/12/2001
IS A CIP OF 09/525,740 03/14/2000 PAT 6,334,869
WHICH IS A CON OF 09/017,474 02/02/1998 ABN
WHICH IS A CON OF 08/710,460 09/18/1996 PAT 5,713,917
WHICH IS A CIP OF 08/549,880 10/30/1995 PAT 5,591,195

**** FOREIGN APPLICATIONS *******
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 03/12/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 16	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS
28390

TITLE
Method for engrafting a blood vessel

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit